AMA
AMERICAN MEDICAL ASSOCIATION

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Linda Porter, PhD
National Institute of Neurological Disorders
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National Institutes of Health
31 Center Drive, Room 8A31
Bethesda, MD 20892

RE: American Medical Association comments on Draft National Pain Strategy

Dear Dr. Porter:

On behalf of the physician and medical student members of the American Medical Association (AMA), I write to commend the Interagency Pain Research Coordinating Committee (IPRCC) for its work in developing the Draft National Pain Strategy (NPS). As the largest professional association for physicians and the umbrella organization for state and specialty medical societies, the AMA is dedicated to promoting the art and science of medicine and the betterment of public health. This includes taking responsibility for helping physicians to appropriately manage their patients' pain and adopt evidence-based prescribing practices. The AMA is deeply committed and engaged in a multi-pronged public health strategy to reduce the burden of chronic pain and help address the national epidemic of prescription drug and heroin abuse, overdose, and death.

The prevailing trends in opioid-related harm make it imperative that policymakers adopt a public health approach to managing chronic pain, as well as substance use disorders. Strategies should be adopted that emphasize research, careful analysis and application of that research, and ensure targeted, population-based interventions that make optimal use of resources and support access to comprehensive treatment in order to achieve long-term benefits for individuals and society. The goal is to ensure that patients with chronic pain and those with chronic opioid use disorder are able to lead satisfying, productive lives.

On the whole, the AMA believes that the Draft NPS proposes an approach to achieve these public health goals. Following are some general comments and specific notations where we believe the AMA and organized medicine can help further develop and implement the proposed NPS strategies and goals.

Population Research, Prevention, and Care

The AMA is in broad agreement with the intent of the population research component as an essential tool of the NPS, the proposed terminology and definitions, and the stated objectives. Better understanding of the prevalence and impact of chronic pain, evaluation of longitudinal treatments and pain outcomes, and the use of electronic health care data to examine treatments and services are needed. A clear need also

exists to "understand the scope of the problem and to guide action, including efforts to reduce the impact of chronic pain through primary, secondary and tertiary prevention."

The need for better data is clear, but patients need care now. Millions of patients suffer from chronic pain today. While considerable attention has been paid to assessing harms from prescription opioid misuse and diversion, not enough attention has been devoted to assessing the impact of public and payer policies that may serve as barriers to accessing comprehensive treatment. A particular need exists to better implement patient self-management programs and to develop standardized, consistent, and comprehensive pain assessment and outcome measures to assist clinicians and inform treatment plans.

The AMA agrees that "existing knowledge about chronic pain prevention and treatment could be used more effectively to reduce substantially the numbers of people who suffer unnecessarily." The AMA and several state and medical specialty partners, the SAMHSA-funded Prescribers' Clinical Support System for Opioid Therapies, and other groups have information that can be used now to help physicians better understand pain and appropriate prescribing practices. The AMA stands ready to work with the IPRCC toward this important goal.

Disparities

The AMA strongly supports efforts to "improve the quality of pain care and reduce barriers for all minority, vulnerable, stigmatized, and underserved populations at risk of pain and pain care disparities." In addition to the need for more objective data to measure pain, the AMA is very concerned about the current national dialogue that tends to stigmatize patients with pain, leads to bias, and as the Draft NPS observes, can further "lead to or exacerbate pain." The emphasis on how pain and available pain care, as well as bias and stigma, may affect vulnerable populations aligns with the AMA's efforts to reduce disparities in health care via the Commission to End Health Care Disparities. The AMA would welcome the opportunity to provide further input on this aspect of the NPS when final.

In addition, Objective 2 in this section recommends developing an interactive, web-based gateway to information and resources for patients and families "which could include a pain specialist locator." The AMA has developed such a tool in the Health Workforce Mapper which illustrates the distribution of physicians and non-physician clinicians by specialty, state, county or metropolitan areas. The AMA Health Workforce Mapper provides a useful visual tool to demonstrate the geographic distribution of the healthcare workforce in a given state or nationally with specific location information. Combined with the AMA Physician Masterfile, an opportunity exists to provide comprehensive information. Additionally, users can layer geographic and health policy data such as hospital locations or health professional shortage areas, population indicators, landmarks, and other topographical features. The user can also display the ratio of physician or non-physician clinician to population in any given region or nationally. The AMA Health Workforce Mapper can be used to distinguish possible areas of both deficiency and overlap, and to identify high-priority areas for workforce expansion. Both pain medicine and addiction medicine specialists are included.

Service Delivery and Reimbursement

Barriers to care and stigma deserve increased attention. The AMA agrees with the Draft NPS that there is a pressing need to assess insurer practices—such as prior authorization, step therapy, fail first protocols, and limits on coverage and reimbursement for multidisciplinary care or treatments for

substance use disorders—that act as barriers to effective care. Increased research would help identify how those barriers hinder effective pain care as well as identify potential unintended consequences. This may be one factor in the overprescribing of opioids, as well as identifying patient expectations with receiving opioid analgesics for pain rather than another treatment. Furthermore, we strongly support the Draft NPS focus on developing pain assessment tools that go beyond simple self-assessments about whether patients were "fully satisfied" with attempts to manage their pain. The AMA has long been concerned that patient satisfaction with pain control measures in the Hospital Consumer Assessment of Healthcare Providers and Systems survey encourages inappropriate prescribing.

Professional Education and Training

Prescriber practices must ensure that they are using the best available evidence. As the Draft NPS makes clear, there are tens of millions of patients who experience some level of pain. It is also clear that physicians and other prescribers commonly turn to prescription opioids to treat that pain. Unfortunately, while opioids often do alleviate the pain and suffering of patients with pain, there is too little research to justify the amount of prescription opioids that are used by prescribers today. Pain has many different causes, and appropriate pain care must be individualized to each patient. While it may be more appropriate to prescribe opioids for acute pain, or pain at the end of life, effective treatment for chronic, non-cancer pain needs much more research—as the Draft NPS calls for—as well as the long-term effects of opioid use for chronic pain. We strongly agree that a key treatment phase and a major opportunity for prevention occur "before acute pain becomes chronic."

The AMA has been engaged in many initiatives that support efforts to promote appropriate prescribing practices, including working with our state and specialty medical society partners to collect and disseminate education efforts and resources. We also strongly support physicians' use of prescription drug monitoring programs (PDMP) to help prescribers carefully examine prescribing practices. PDMPs have the potential to serve as a helpful clinical tool in the fight against prescription drug misuse, and the AMA is actively working to support increased use of these databases when clinically appropriate.

Enhanced education must be part of all health care professionals' training and continuing education. There is little question that part of the public health approach to ensuring appropriate prescribing and effective pain care requires enhanced education that must begin at the earliest stages and progress throughout one's career. With respect to education in medical school and residency, the AMA supports a thorough evaluation of how competency currently is established and measured. Any changes to curricula must be guided by this baseline information. Moreover, the AMA strongly supports education throughout one's career and notes that there is no shortage of pain-related education available to physicians. It is likely that most physicians avail themselves of this information as it relates to their particular practice, but there is a lack of coordinated knowledge about how the plethora of information available translates to medical practice. In other words, the AMA agrees with the need for a more systematic review of available information to ensure that providers have the skills and knowledge to manage and treat pain, and to know when to refer a patient to a pain specialist. We further recommend that this training be stratified so as to be relevant to the particular practice needs of physicians in diverse specialties. Patient populations and practice workflows are different for internists, dermatologists, neurosurgeons, general surgeons, oncologists, emergency physicians, psychiatrists, and pain specialists. Training and education need to be tailored to these different practices so that appropriate pain

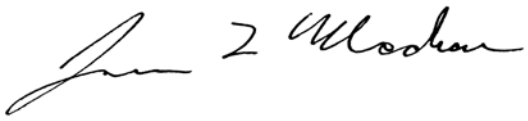
management and prescribing can be integrated into the regular workflow of all physicians. The AMA would be pleased to be part of the expert group that will consider these concepts.

Public Education and Communication

Public and patient education are key components of a national pain strategy. The AMA is pleased to see the Draft NPS differentiate between the need for general public awareness about the pervasiveness of chronic pain, including the need to address what the Draft NPS deems "[p]ervasive stigma and misperceptions about pain," and the need for provider, public, and patient education on the safe use of pain medications. Patients with pain deserve the same high levels of care and compassion as any other patient. In addition, the AMA supports the call for increased education about the appropriate role of pain treatments as well as safe use and disposal of pain medication. The AMA is deeply concerned that prescription opioids and other medications are diverted for improper use. They are far too readily available to people other than those for whom they are prescribed. We would welcome the opportunity to play a constructive role in communicating effective strategies and being part of efforts to ensure the Draft NPS' education efforts have broad reach.

In conclusion, the AMA commends the IPRCC for its work in identifying numerous aspects of pain, calling for timely, targeted research, and identifying tangible recommendations that have the potential to improve pain care provided by physicians and for patients. If we can be of service in fulfilling the goals and strategies outlined above and in the Draft NPS, please contact Sandy Marks, Assistant Director, Federal Affairs at 202-789-4585 or sandy.marks@ama-assn.org.

Sincerely,



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